			FCC Form	
Mobility	r Fund	Approved by OM		
Phase 1 - §54.1009 Annual Reporting			OMB 3060-1	
Data Col	llection Form		Avg. Burden Estimate per Respondent: 18 Hours	
<010>	Study Area Code	618338		
<015>	Study Area Name	GCI Communication Corp.		
<020>	Program Year	2019		
<030>	Contact Name: Person USAC should contact with questions about this data	Chris Nierman		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2024578815 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cnierman@gci.com		

<040>	Has the in	formation required pursuant to §54.1009 been provided with a Form 481 filin	ng (Y/N) <040>	$\odot$ $\bigcirc$
	<041>	Attach a description of the documents filed with the Form 481 reporting	<041>	Form481GCICommunicationsCorp618337.pdf
	<042>	Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	619014

<080>	Tribal Lands Reporting (y/n?)	(Does this study area cover tribal lands? Yes or No)	$\odot$	)

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-118: Page 2 of 8
<010>	Study Area Code		618338	
<015>	Study Area Name		GCI Communication Corp.	
<020>	Program Year		2019	
<030>	Contact Name - Person USAC should contact	regarding this data	Chris Nierman	
<035>	Contact Telephone Number - Number of per		2024578815 ext.	
<039>	Contact Email Address - Email Address of pe	rson identified in data line <030>	cnierman@qci.com	
eporting	g Carrier / Mobility Fund Phase 1 Winning Bid	<u>der</u>		
<110>	FCC Registration Number	1568880		
<111>	Filing Carrier Name	GCI Communication C	corp	
<112>	Winning Bidder Carrier Name	GCI Communication C	orp	
<113>	Street Address (or PO Box)	2550 Denali St, Sui		
<114>	City	Anchorage		
<115>	State	AK		
<116>	Zip-Code			
<117>	Telephone Number	99503		
<118>	Fax Number	2024578815 ext.		
<119>	Email Address	9078689817		
		cnierman@gci.com		
ontact I	nformation			
	if same as above, indicate in this box	<b>~</b>		
<120>	Name (First, MI, Last, Suffix)	Chris Nierman		
<121>	Filing Carrier Name	GCI Communication Co	orp	
<122>	Street Address (or PO Box)			
<123>	City	2550 Denali St Sui: Anchorage	FE 1000	
1123	City	Alichorage		
~12 <i>1</i> \	State			
<124>	State	AK		
<125>	Zip-Code			
<125> <126>	Zip-Code Telephone Number	AK		
<125> <126>	Zip-Code	AK 99503		
<125>	Zip-Code Telephone Number	AK 99503 2024578815 ext.		
<125> <126> <127>	Zip-Code Telephone Number Fax Number	AK 99503 2024578815 ext. 9078689817		
<125> <126> <127> <128>	Zip-Code Telephone Number Fax Number Email Address	AK 99503 2024578815 ext. 9078689817		
<125> <126> <127> <128>	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		
<125> <126> <127> <128> uthorize	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix)	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		
<125> <126> <127> <128> <128> <130> <131>	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		
<125> <126> <127> <128> <128> <130> <131> <132>	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box)	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		
<125> <126> <127> <128> ***********************************	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		
<125> <126> <127> <128> uthorize	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box)	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		
<125> <126> <127> <128> <130> <131> <132> <133>	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		
<125> <126> <127> <128> <128> <130> <131> <132> <133> <134>	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		
<125> <126> <127> <128> <130> <131> <131> <132> <134> <135>	Zip-Code Telephone Number Fax Number Email Address  ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State Zip-Code	AK 99503 2024578815 ext. 9078689817 cnierman@gci.com		

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	618338
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year 01/2018 - 12/2018	

618337\_CPRd\_AK.zip

Coverage and Performace attachments

ion per Newly Reached	Total Resident Population Reached by	Miles per Census	· ·		Certify that Coverage and Performance data is uploaded (Yes/no)
See attach	ned worksh	neet			
t	Population Newly Reached by Service  See attach	Resident Total Resident Population Reached by Service Service  Resident Total Resident Population Reached by Service Service	nt Population Population per Reached by Service Block  See attached worksheet	Resident Population Population Newly Reached by Service Reached Population Po	Resident Total Resident Miles Census covered per Block per Newly Reached Block by Service Service Block Per Block Pe

•	100		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	618338
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

### Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: CERTIFIED ONLINE Date 06/25/2019 Signature of Authorized Officer: Carren Walters Printed name of Authorized Officer: Chief Accounting Officer Title or position of Authorized Officer: 9078687025 ext. Telephone number of Authorized Officer: 618338 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	e an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the repo	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	nished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment der Title 18 of the United States Code, 18 U.S.C. § 1001.

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:	Date:		
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Agent			
elephone number of Authorized Agent or Employee of Age			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		618338	
<015>	Study Area Name		GCI Communication Corp.	
<020>	Program Year		2019	
<030>	Contact Name - Person USAC should contact regarding		Chris Nierman	
<035>	Contact Telephone Number - Number of person identif		2024578815 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	cnierman@gci.com	
<142>	State	AK		
<143>	County	Bethel Census Area		
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	618337_TLRa5_AK.pdf  Name of Attached Document	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Yes
<147>	Feasibility and sustainability planning;	Yes
<148>	Marketing services in a culturally sensitive manner;	Yes
<149>	Compliance with Rights of way processes	Yes
<150>	Compliance with Land Use permitting requirements	Yes
<151>	Compliance with Facilities Siting rules	Yes
<152>	Compliance with Environmental Review processes	Yes
<153>	Compliance with Cultural Preservation review processes	Yes
<154>	Compliance with Tribal Business and Licensing requirements.	Yes

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	618338
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<200>	Date Authorized to Receive Support	03/13/2015
<201>	Targeted Completion Date	03/14/2017
<202>	Total Mobility Fund Support Awarded	401892.00
<203>	Total Mobility Fund Support Disbursed	401892.00
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	618337_PSD_AK.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Name of 1 Dr attached)
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	
<210>	Project Plan Status	
~21//	Troject Flair Status	
<218>	Network will Support 3G/4G Mobile Service ?	26 046
<b>\Z10\</b>	Network will Support 3G/4G Mobile Service ?	) 3G () 4G

(101) Certification - Reporting Carrier			FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
			Page 7 of 8
			_
<010>	Study Area Code	618338	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2019	
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman	

2024578815 ext

cnierman@gci.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

<035>

<039>

# Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Certified Online

Printed name of Authorized Officer:

Carren Walters

Title or position of Authorized Officer:

Chief Accounting Officer

Telephone number of Authorized Officer:

9078687025 ext.

Study Area Code of Reporting Carrier:

618338

Filing Due Date for this form:

07/01/2019

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/24/2019 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	618338
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnjerman@gci.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data	is authorized to submit the information reported on behalf of the reporting carrier. I sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized vided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
, ,	ned by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am aut reported herein based on data provided by the reportin	· · · · · · · · · · · · · · · · · · ·	nts on behalf of the reporting carrier; I have provided the data ation reported herein is accurate.	
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Age	ent		
Telephone number of Authorized Agent or Employee of	Agent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communicati 18 of the United States Code, 18 U.S.C. § 1	ions Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 1001.	

# **Attachments**

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618338
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County Northwest 021880002001001 Arctic 0.0 Yes ΑK 19 19 0.13 0.0 021880002001002 Arctic 36 36 0.0 AK 36 0.23 0.0 Yes Borough Northwest 021880002001004 Arctic 0.0 Yes ΑK 0.15 0.0 Borough Northwe 021880002001005 0.0 Arctic 57 0.21 Yes AK 0.0 Borough Arctic 42 42 42 ΑK 0.0 0.27 Yes Borough Northwes 021880002001007 Arctic 0.0 222 222 AK 222 0.59 0.0 Yes Borough Northwes 021880002001009 AK Arctic 148 148 0.28 0.0 0.0 Yes Borough 021880002001010 Arctic AK 49 49 0.19 0.0 Yes 0.0 Borough Northwest 021880002001011 Arctic 0.2 ΑK 18 18 0.0 0.0 Yes Borough 021880002001012 Arctic ΑK 70 70 70 0.23 0.0 0.0 Yes Borough Northwest 021880002001014 Arctic Yes 34 0.22 0.0 AK 34 34 0.0 Borough Northwest 021880002001015 Arctic 65 Yes 65 65 0.0 AΚ 0.0 Borough Northwest 021880002001016 Arctic 0.17 Yes AK 18 18 18 0.0 0.0 Borough Northwest 021880002001017 Arctic Yes 0.31 0.0 91 91 AK 0.0 Borough Northwes 021880002001018 Arctic ΑK 25 25 25 0.16 0.0 0.0 Yes Borough Northwest 021880002001019 Arctic 62 0.19 0.0 Yes 62 62 ΑK 0.0 Borough Northwe Arctic 021880002001020 75 75 75 0.23 0.0 Yes AK 0.0 Borough Northwest 021880002002000 Arctic 38 38 0.0 AK 38 0.29 0.0 Yes Borough Northwe 021880002002001 Arctic 36 Yes AK 36 36 0.12 0.0 0.0 Borough Northwest 021880002002002 Arctic 43 43 0.0 Yes 43 ΑK 0.14 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service 0

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618338
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County Northwest 021880002002003 Arctic 72 0.0 Yes AK 72 0.22 0.0 021880002002004 Arctic 68 68 6.8 0.0 AK 0.24 0.0 Yes Borough Northwest 021880002002007 Arctic 0.0 12 12 Yes 12 ΑK 0.25 0.0 Borough Northwe 021880002002009 0.0 Arctic 107 107 107 0.31 Yes AK 0.0 Borough 021880002002010 Arctic 8 ΑK 0.0 0.27 Yes Borough Northwes 021880002002011 Arctic 0.0 15 15 AK 15 0.16 0.0 Yes Borough Northwes 021880002002012 AK Arctic 15 15 0.17 0.0 0.0 Yes Borough 021880002002013 Arctic AK 31 31 0.34 0.0 Yes 0.0 Borough Northwest 021880002002014 Arctic 0.21 ΑK 42 42 0.0 0.0 Yes Borough Arctic ΑK 90 90 90 0.24 0.0 0.0 Yes Borough Northwest 021880002003003 Arctic Yes 81 0.46 0.0 AK 81 81 0.0 Borough Northwest 021880002003004 Arctic 28 Yes 28 28 0.0 AΚ 0.0 Borough Northwest 021880002003005 Arctic 0.16 Yes AK 40 40 40 0.0 0.0 Borough Northwest 021880002003006 Arctic Yes 0.16 0.0 14 14 AK 0.0 Borough Northwes 021880002003007 Arctic ΑK 85 85 85 0.21 0.0 0.0 Yes Borough Northwest 021880002003008 Arctic 32 0.13 0.0 Yes 32 32 ΑK 0.0 Borough Northwe Arctic 021880002003009 31 31 31 0.17 0.0 Yes AK 0.0 Borough Northwest 021880002003010 Arctic 54 54 0.0 AK 54 0.2 0.0 Yes Borough Northwe 021880002003011 Arctic 4 Yes AK 4 0.22 0.0 0.0 Borough Northwest 021880002004002 Arctic 299 0.0 Yes 299 299 ΑK 1.46 0.0 Borough

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service 0

#### (060) Coverage and Performance Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618338
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Service Block State County Northwest 021880002004004 Arctic 0.0 Yes ΑK 1 2.02 0.0 021880002004011 Arctic 0.0 34 34 34 AK 0.18 0.0 Yes Borough Northwest 021880002004012 Arctic 0.0 46 46 Yes 46 ΑK 0.13 0.0 Borough Northwe 021880002004013 0.0 Arctic 55 55 0.18 Yes AK 0.0 Borough 021880002004014 Arctic 0.0 ΑK 45 45 45 0.0 0.12 Yes Borough 021880002004015 Arctic 0.0 69 69 AK 69 0.17 0.0 Yes Borough Northwes 021880002004016 AK Arctic 34 34 0.11 0.0 0.0 Yes Borough 021880002004017 Arctic AK 21 21 0.17 0.0 Yes 0.0 Borough Northwest 021880002004018 Arctic 0.08 ΑK 18 18 0.0 0.0 Yes Borough 021880002004019 Arctic ΑK 61 61 61 0.16 0.0 0.0 Yes Borough Northwest 021880002004020 Arctic Yes 246 0.23 0.0 AK 246 246 0.0 Borough Northwest 021880002004021 Arctic 42 Yes 42 42 0.0 AΚ 0.0 Borough Northwest 021880002004022 Arctic 0.21 Yes AK 89 89 89 0.0 0.0 Borough Northwest 021880002004023 Arctic Yes 0.15 0.0 47 47 AK 0.0 Borough Northwes 021880002004028 Arctic 1 ΑK 1 0.1 0.0 0.0 Yes Borough Northwest 021880002004029 Arctic 0.17 0.0 Yes AK 57 57 0.0 Borough Northwest Arctic 021880002004030 AK 22 22 22 0.16 0.0 Yes 0.0 Borough Northwest 021880002004031 Arctic Borough 30 30 0.0 AK 30 0.14 0.0 Yes

> Percentage of Total Population Reached by Service

100

Percentage of Total Road Miles covered by Service

0			